

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp

Statement covers period
from 1-1-2011
through 6-30-2011

Date of election if applicable:
(Month, Day, Year)

City of Brent
JUL 29 2011
City Clerk

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

COMMITTEE TO ELECT STEVE BARR FOR CITY COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

KATHY BARR

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-27-2011
Date

Executed on 7-27-2011
Date

Executed on
Date

Executed on
Date

By

By

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Tol

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

STEVE BARR

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

BRENTWOOD CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

Identify the controlling officeholder, candidate

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

7. Primarily Formed Candidate/Officeholder Committee
officeholder(s) or candidate(s) for which this committee was formed

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE

Attach continuation sheet

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-2011
through 6-30-2011

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ -0-	\$ -0-
2. Loans Received	Schedule B, Line 3	\$ -0-	\$ -0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ -0-	\$ -0-
4. Nonmonetary Contributions	Schedule C, Line 3	\$ -0-	\$ -0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ -0-	\$ -0-

Calendar Year Running in General Elec

20. Contribution
Received
21. Expenditure
Made

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 2332.00	\$ 2332.00
7. Loans Made	Schedule H, Line 3	\$ -0-	\$ -0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 2332.00	\$ 2332.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ -0-	\$ -0-
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ -0-	\$ -0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 2332.00	\$ 2332.00

Expenditure Candidates

22. C

Date of Ele
(mm/dd/

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2736.00
13. Cash Receipts	Column A, Line 3 above	\$ -0-
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ -0-
15. Cash Payments	Column A, Line 8 above	\$ 2332.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 404.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ -0-
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ -0-
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ -0-

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this
reported in Colu

FPPC Toll-Free

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers
from 1-1-201
through 6-30-20

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and p
CNS campaign consultants	MTG meetings and appearances	RFD returned contributi
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers
CVC civic donations	PET petition circulating	TEL t.v. or cable airtim
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lo
FND fundraising events	POL polling and survey research	TRS staff/spouse travel
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technol

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT
COMPLETE CAMPAIGNS [REDACTED]	VOT	
EHRlich CAMPAIGNS [REDACTED]	CNS	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.)
- Unitemized payments made this period of under \$100
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)